

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Cabnet  
 City or town Prince Frederick, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Cabnet  
 City or town Prince Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war No

## 3. (a) FULL NAME

Charles H. Alton

## 3. (b) Social Security Number

No

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M  
 6.(b) Name of husband or wife Marcela Alton  
 7. Birth date of deceased (mo., day, yr.) Feb. 4, 1876  
 6.(c) If alive, give age 69 years  
 8. AGE: Years 72 Months 10 Days 26 hrs. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace Cabnet Co., Md  
 (Town, county, and state)  
 10. Usual occupation Farming  
 11. Industry or business \_\_\_\_\_  
 12. Name Walter H. Alton  
 13. Birthplace Md.  
 14. Maiden name Louise Fowler  
 15. Birthplace Md

16. Informant Mrs Marcela Alton  
 Address Prince Frederick, Md  
 17. Burial Date thereof Jan. 2, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematorium Wesley  
 Location Prince Frederick, Md  
 18. Funeral director A. B. Harkness & son  
 Address Mt. Airy, Md.  
 19. Dec 31 19 47 H. W. Ward  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 19 47 at HR. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
 and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

Immediate cause of death Cerebral Hemorrhage  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Page Jett M. D. or other \_\_\_\_\_  
 Address Prince Frederick Date signed 12/3/47

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JAN 6 1948  
BUREAU OF

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11023

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County CalvertCity or town Island Creek  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County CalvertCity or town Island Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war 210

## 3. (a) FULL NAME

Emmet Wallace Beach

## 3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Ruth E. Beach

7. Birth date of deceased (mo., day, yr.)

July 30, 18936. (c) If alive, give age 52 years

8. AGE:

Years

Months

Days

If less than one day

5444

hrs.

min.

9. Birthplace

Surry, Va.  
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER  
MOTHER

12. Name

Robert S. Beach

13. Birthplace

Va.

14. Maiden name

Catherine Hockman

15. Birthplace

Va

16. Informant

Ruth E. Beach

Address

Island Creek, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Dec. 4, 1947  
(month) (day) (year)

Cemetery or crematory

Christ Church

Location

Port Republic, Md

18. Funeral director

A. V. Harkness & Son

Address

Mt. Airy, Md

19.

(Date rec'd by registrar)

12-6 19 47

H.W. Evans

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1947 at 10:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 June 1947 to 1 Dec 1947and that I last saw him alive on 1 Dec 1947

Immediate cause of death

Pulmonary embolism

DURATION

Due to

Due to

Other conditions

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

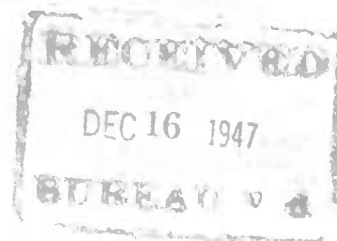
M. D. or other

Address Harborview Date signed 12/5/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11024

Reg. Dist. No. 51

### 1. PLACE OF DEATH:

County Calvert

City or town Willows  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Willows  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Lewis H. Brown.

### 3. (b) Social Security Number

4. Sex m. 5. Color or race C 6.(a) Single, married, widowed, or divorced X

6.(b) Name of husband or wife \_\_\_\_\_

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1868

8. AGE: Years 79 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace md  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

FATHER 12. Name Richard Brown.

13. Birthplace md.

MOTHER 14. Maiden name P. Daniel

15. Birthplace D.A.C. Md.

16. Informant Sadie Brown.

Address Willows, md.

17. Burial. Date thereof 1-3-48  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Edmonds

Location Calvert

18. Funeral director P.F. Sewell

Address Prince Frederick, md.

19. 1-3 19 48 W.W. Ward  
(Date rec'd by registrar) (year) (signature) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31-1947 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 47, to 19 \_\_\_\_\_

and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death arterial hemorrhage

DURATION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

\_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Page Is M. D. or other

Address Prince Frederick Date signed 1/2/48

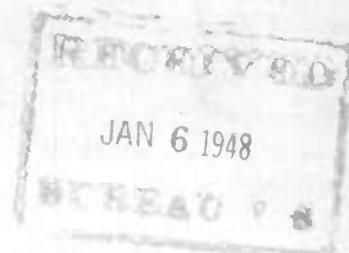
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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11025

Reg. Dist. No. 52

### 1. PLACE OF DEATH:

County Calvert

City or town West Beach  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town West Beach  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mary M. Coughlan

### 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband or wife

Matthew Coughlan

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

75

hrs.

min.

9. Birthplace

Baltimore  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Edward Biddeman

13. Birthplace

Va

14. Maiden name

Sarah Biddeman

15. Birthplace

Md

16. Informant

Address

Matthew Coughlan  
West Beach

17.

(Burial, cremation, or removal. Which?)

Date thereof Dec 19 47  
(month) (day) (year)

Cemetery or crematory

Rossie Cemetery

Location

Baltimore City

18. Funeral director

Address

W. H. Hutchins  
Baltimore Md

19.

(Date rec'd by registrar)

19.

W. H. Hutchins  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 19 47 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 19 47 to Dec 16 19 47

and that I last saw him alive on Dec 16 19 47

Immediate cause of death

Acute Cardiac Failure  
(Pulmonary edema)

DURATION

Due to

Antero Medulla C. D. Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury

Injured at work?

23. SIGNATURE

Dr. J. H. Hutchins  
Dr. J. H. Hutchins

M. D. or other

Date signed 12-17-47

MARGIN RESERVED FOR BINDING

VS A15

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DEC 26 1947

BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11026

Reg. Dist. No. 52

1. PLACE OF DEATH: Paris, Calvert Co  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:.....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....MD County.....Calvert  
 City or town.....Paris  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME Sampter Dowell

3. (b) Social Security Number

4. Sex M. 5. Color or race White 6.(a) Single, married, widowed, or divorced Single  
 6.(b) Name of husband or wife.....  
 6.(c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.) 1897  
 8. AGE: Years 56 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace.....Ind  
 (Town, county, and state)  
 10. Usual occupation.....Farming  
 11. Industry or business.....  
 12. Name Jacob Dowell  
 13. Birthplace Ind  
 14. Maiden name Francis Troth  
 15. Birthplace Ind

16. Informant Herbert Dowell  
 Address Paris Ind.  
 17. Burial Date thereof Dec 11 47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Cemetery  
 Location Friendship, A.H. Co. Md  
 18. Funeral director W. H. Hutchins  
 Address Sevings Md  
 19. Dec. 11 19 47 Grace D. Hutchins  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....Dec 7 19 47 at 7 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Feb 19 46 to 12/7 19 47  
 and that I last saw him alive on 12/6 19 47

Immediate cause of death.....  
Coronary Thrombosis  
 Due to.....  
arteriosclerosis  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE John H. Hutchins M. D. or other  
 Address Humbleton Md Date signed 12/11/47

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DEC 18 1947

BUREAU OF B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I have correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11027

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Calvert  
 City or town Prince Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert  
 City or town Prince Frederick  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (a) FULL NAME

Hillary Fowler

## 3. (b) Social Security Number

214-05-2781

4. Sex

m

5. Color or race

C

6. (a) Single, married, widowed, or divorced

x

6. (b) Name of husband or wife

Louise Fowler6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.)

1889

8. AGE:

Years

Months

Days

If less than one day

58

hrs.

min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Joseph Fowler

13. Birthplace

md.

MOTHER

14. Maiden name

Catherine Jennifer

15. Birthplace

md

16. Informant

Louise Fowler

Address

Prince Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

12-16-47  
(month) (day) (year)

Cemetery or crematory

St. Olive M.E. Church

Location

Calvert

18. Funeral director

P. E. Sewell

Address

Prince Frederick, Md.

19. 12-16

19. 47

W. Ward  
(Date rec'd by registrar) (P) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13, 1947 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

Coronary Occlusion

DURATION

Due to

Hypertensive C.V. disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Prince Frederick Md. Date signed 12-16-47

DEC 19 1947

ST. PAUL V. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

11028

122k

## 1. PLACE OF DEATH:

County Calvert Co. H&O&N  
 City or town Prince Frederick Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 12 days  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Calvert Co  
 City or town Prince Frederick  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war .....

## 3. (a) FULL NAME

Charles L. Harvey

## 3. (b) Social Security Number

213-22-0697

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored married

6. (b) Name of husband or wife Marion Harvey

7. Birth date of deceased (mo., day, yr.) Dec 31st 1901

8. AGE: Years 45 Months 11 1/2 Days 23 If less than one day hrs. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)

10. Usual occupation Farmer

## 11. Industry or business

12. Name Marshall Harvey

13. Birthplace Calvert Co. Md.

14. Maiden name Martha Harvey

15. Birthplace Calvert Co. Md.

16. Informant Marion Harvey

Address Dunkirk,

17. Buried Date thereof 12-26-27

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Halls Creek.

Location Calvert.

19. Funeral director P.E. Sawell.

Address Prince Frederick

19. 12-26 19. 47 H.W. Ward.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 19. 47 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 hour 19. 47 to 12/23 19. 47 and that I last saw him alive on 12/23 19. 47

Immediate cause of death Intestinal Obstruction

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Address Huntingtown Md.

Date signed 12/24/27

CONTINUATION OF REPORT

RECORDED  
JAN 6 1948  
BUREAU OF INVESTIGATION

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

11029

9420

### 1. PLACE OF DEATH:

County Calvert  
City or town Prince Frederick  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 days  
Hospital, institution, or street address where death occurred:  
Calvert County Hospital  
How long in hospital or institution? 4 days

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Calvert  
City or town Dowell  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 20  
(If rural, give LOCATION)  
2.(a) If veteran, name war 20

### 3. (a) FULL NAME

Kenneth Wilson Hill

### 3. (b) Social Security Number

218-14-3792

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Maria Hill  
6.(c) If alive, give age 33 years  
7. Birth date of deceased (mo., day, yr.) June 25, 1904  
8. AGE: Years 43 Months 6 Days 5 If less than one day hrs. min.

9. Birthplace Dowell, Maryland  
(Town, county, and state)  
10. Usual occupation Carpenter  
11. Industry or business

12. Name Isaac Hill  
13. Birthplace Maryland  
14. Maiden name Maria Bond  
15. Birthplace Maryland

16. Informant Mr. Thomas Hill  
Address Dowell, Md.  
17. Burial Date thereof Jan. 1, 1948  
(Burial, cremation, or removal, which?) (month) (day) (year)  
Cemetery or crematory Olivet M.E.  
Location Olivet Md.  
18. Funeral director A. G. Harkness & Son  
Address Mt. Airy Md.

19. Dec. 31 19 47 H. W. Ward  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 47, at 11:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 19 47 to Dec 30 19 47  
and that I last saw him alive on Dec 30 19 47

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion  
Due to Coronary Occlusion  
Other conditions Coronary Occlusion  
(Include pregnancy within 3 months of death)

Major findings of operations Coronary Occlusion  
Date of op. Dec 30, 1947

Autopsy results Coronary Occlusion  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
Accident, suicide, or homicide Coronary Occlusion Date of Dec 30, 1947  
Where did injury occur? Coronary Occlusion (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) Coronary Occlusion  
Means of injury Coronary Occlusion Injured at work?

23. SIGNATURE James H. Hill M. D. or other James H. Hill  
Address Dowell, Md. Date signed Dec 30, 1947

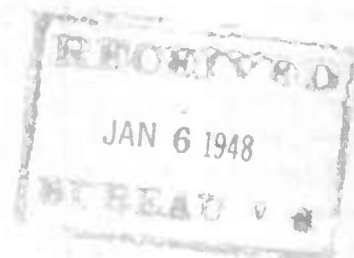
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9-45-15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11030

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County Calvert  
 City or town Sunderland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert  
 City or town Sunderland  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. ....  
 (If rural, give LOCATION)

2.(a) If veteran, name war .....

## 3. (a) FULL NAME

Mary H. Jenkins

## 3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced X

6.(b) Name of husband or wife Henry Jenkins  
 6.(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1884

8. AGE: Years 63 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace md  
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name P  
 13. Birthplace

14. Maiden name Annie Morsell  
 15. Birthplace md.

16. Informant Henry Jenkins  
 Address Sunderland, md.

17. Burial Burial Date thereof 12-7-47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St Edwards  
 Location Calvert

18. Funeral director P.F. Sawell  
 Address Prince Frederick, Md

19. 12-5 19 47 H.W. Evans  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7-47 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 to Dec 4 19 47 and that I last saw her alive on Dec 2 19 47

Immediate cause of death acute C. V. Disease DURATION 6 weeks

Due to .....

Due to .....

Other conditions acute laryngitis

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. ....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide .....

Where did injury occur? .....

Injured at home, farm, industry, public place (where?) .....

Means of injury .....

Injured at work? .....

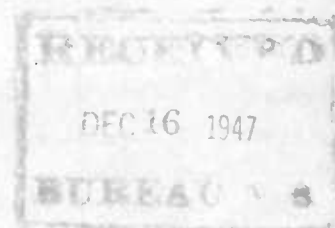
23. SIGNATURE George J. A. M. D. or other

Address Prince Frederick Date signed 12/6/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

92d

11031

Reg. Dist. No. 50

## 1. PLACE OF DEATH:

County Cabnet  
 City or town Solomons  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County Cabnet  
 City or town Solomons  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war No

## 3. (a) FULL NAME

Henry A. Kopp

## 3. (b) Social Security Number

220-16-8923

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Myrtle Kopp

7. Birth date of deceased (mo., day, yr.)

Sept. 20, 1876

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

71124

hrs.

min.

9. Birthplace

Solomons - Cabnet Co., Ind  
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

12. Name

Wilhelm Kopp

13. Birthplace

Germany

14. Maiden name

Caroline Baeth

15. Birthplace

Germany

16. Informant

Adolph Kopp

Address

Solomons

17.

Burial  
(Burial, cremation, or removal, Which?)

Date thereof

Dec. 17, 1947  
(month) (day) (year)

Cemetery or crematory

Solomons, M. F.

Location

Solomons, Ind

18. Funeral director

A. A. Harkness & Son

Address

Mutual, Ind

19.

12/15  
(Date rec'd by registrar)

19.

47  
E. S. Coster

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1947 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 5 1947 to Dec 14 1947  
 and that I last saw h. l. m. alive on December 13 1947

Immediate cause of death

Cardiac Decompensation  
Chronic Valvular Heart  
Disease

DURATION

2 mos

Due to

Due to

4 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

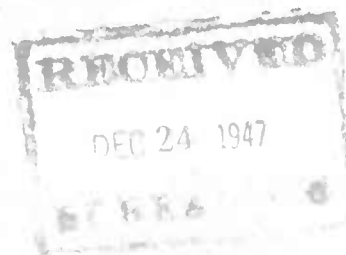
Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

E. S. Coster M.D.

M. D. or other

Address Solomons, Ind Date signed 12/15/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1486

11032

Reg. Diat. No.

## 1. PLACE OF DEATH:

County CalvertCity or town Plum Point  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Plum Point  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Carol V. Morselle

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) April 30, 1928

8. AGE:

Years

Months

Days

If less than one day

1972

hrs.

min.

9. Birthplace

md

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Howard Morselle

13. Birthplace

md

14. Maiden name

Mary A. Sewell

15. Birthplace

md.

16. Informant

Howard Morselle

Address

Plum Point

17.

Burial

Date thereof

12-4, 47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Plum Point

Location

Calvert.

18. Funeral director

P. E. Sewell

Address

Prince Frederick

19.

12-319. 47H. W. Ward

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2, 1947 at 5<sup>21</sup> A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/1 1947 to 12/2 1947and that I last saw him alive on 12/2 1947Immediate cause of death anemia, dehydration DURATIONand urina

Due to

Choreporel Psychosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12/4/47

RECEIVED

DEC 5 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The object and is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

11033

Reg. Diat. No. 52

## 1. PLACE OF DEATH

County W. BeachCity or town Calvert  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Lula H. Owing

7. Birth date of deceased (mo., day, yr.)

March 1 1886

6. (c) If alive, give age

75 years

8. AGE:

Years

Months

Days

If less than one day

81911

hrs.

min.

9. Birthplace

Calvert  
(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

12 12 47 at 8:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 12 1947 to Dec 12 1947

and that I last saw him alive

Dec 11 1947

Immediate cause of death

Carcinoma of stomach  
Due to Hemorrhage

DURATION

6 wks  
2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

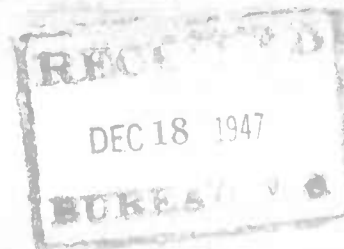
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12/12/47



99  
—  
18  
6321



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

 11034  
 Reg. Dist. No. 52

## 1. PLACE OF DEATH

 County Calvert  
 City or town St. Marys  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Calvert County CalvertCity or town St. Marys  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex 7 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) Feb 18 1879B. (c) If alive, give age 68 years8. AGE: Years 68 Months 10 Days 10 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_  
(Town, county, and state)10. Usual occupation Home maker

11. Industry or business \_\_\_\_\_

12. Name Ernest Norfolk13. Birthplace Wilmington14. Maiden name Wilmington15. Birthplace Wilmington16. Informant Dr. W. H. HutchinsAddress Burial17. (Burial, cremation, or removal, Which?) Burial Date thereof 12/15/47  
(month) (day) (year)Cemetery or crematory CemeteryLocation Dunkirk, Md18. Funeral director W. H. HutchinsAddress Burial19. Dec 15 19 47

(Date rec'd by registrar)

Grace L. Hutchins

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 19 47 at 13 N. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

Immediate cause of death Coronary embolism DURATION 2 min

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE W. H. Hutchins

M. D. or other \_\_\_\_\_

Address \_\_\_\_\_

Date signed 12/13/47

RECEIVED

DEC 26 1947

BUREAU